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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/749,627			ling Date 28/2000	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY	
FOR			NUMBER FI	.ED N	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		N/A			N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A		N/A			N/A		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A		N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 =				x \$ =		OR	x \$ =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			m	inus 3 = *		1	x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sh is ad	eets of pap \$250 (\$125 ditional 50	rings exceed 100 tion size fee due y) for each ion thereof. See 87 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									ı			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL		
APPLICATION AS AMENDED – PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY												
AMENDMENT	05/30/2007	CLAIMS REMAINING AFTER AMENDMEN	т	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	- 20	Minus	23	= 0		x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1,16(h))	• 3	Minus	3	= 0	]	x \$ =		OR	X \$200=	0	
ME	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())	*	Minus	**	=	]	x \$ =		OR	x s =		
M	Independent (37 CFR 1.16(h))	•	Minus	**	=	]	x \$ =		OR	x \$ =		
핇	Application Size Fee (37 CFR 1.16(s))								1			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						TOTAL		OR			
									OR	TOTAL ADD'L FEE		
** If	If the entry in column 1 is less than the entry in column 2, with 0" in column 3. Legal Instrument Examininer:  "If the "Highest Mumber Perviously Paid For" IN THIS SPACE is less than 30, enter "20".  "If the "Highest Number Perviously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Mumber Perviously Paid For" (Total or independently in the highest number found in the appropriate box in column 1.											

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